



575 Broad Hollow Road, Melville, NY 11747

TEL: (631) 694-3040 FAX: (631) 420-8436

[www.pacelabs.com](http://www.pacelabs.com)

## Laboratory Results

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

### Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/17/2019 09:20 AM Point S-108066

Received : 06/17/2019 11:55 AM Location Well #4-2

Collected By CLIENT

### Sample Comments:

RUN TO WASTE

Lab No. : 7093872001

Client Sample ID.: S-108066 S/U

### Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.83*		1	mg/L	0.3	06/18/2019 5:02 PM	001 BP4N1/1
Manganese	0.13		1	mg/L	0.3	06/18/2019 5:02 PM	001 BP4N1/1

### Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 06/19/2019

Stu Murrell

Test results meet the requirements of NELAC unless otherwise noted.

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### Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/17/2019 09:21 AM Point S-108066

Received : 06/17/2019 11:55 AM Location Well #4-2

Collected By CLIENT

### Sample Comments:

RUN TO WASTE

Lab No. : 7093872002

Client Sample ID.: S-108066 1-MIN.

### Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.55*		1	mg/L	0.3	06/18/2019 5:07 PM	002 BP4N1/1
Manganese	0.11		1	mg/L	0.3	06/18/2019 5:07 PM	002 BP4N1/1

### Qualifiers:

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J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

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### Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/17/2019 09:25 AM Point S-108066

Received : 06/17/2019 11:55 AM Location Well #4-2

Collected By CLIENT

### Sample Comments:

RUN TO WASTE

Lab No. : 7093872003

Client Sample ID.: S-108066 5-MIN.

### Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.55*		1	mg/L	0.3	06/18/2019 5:09 PM	003 BP4N1/1
Manganese	0.11		1	mg/L	0.3	06/18/2019 5:09 PM	003 BP4N1/1

### Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

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### Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/17/2019 09:35 AM Point S-108066

Received : 06/17/2019 11:55 AM Location Well #4-2

Collected By CLIENT

### Sample Comments:

RUN TO WASTE

Lab No. : 7093872004

Client Sample ID.: S-108066 15-MIN.

### Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.55*		1	mg/L	0.3	06/18/2019 5:10 PM	004 BP4N1/1
Manganese	0.11		1	mg/L	0.3	06/18/2019 5:10 PM	004 BP4N1/1

### Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

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### Sample Information:

Type: Drinking Water

Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 06/17/2019 10:20 AM Point S-108066

Received : 06/17/2019 11:55 AM Location Well #4-2

Collected By CLIENT

### Sample Comments:

RUN TO WASTE

Lab No. : 7093872005

Client Sample ID.: S-108066 1-HR.

### Analytical Method:EPA 200.7

Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
Iron	0.55*		1	mg/L	0.3	06/18/2019 5:11 PM	005 BP4N1/1
Manganese	0.11		1	mg/L	0.3	06/18/2019 5:11 PM	005 BP4N1/1

### Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

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**WorkOrder :**

7093872

## Laboratory Certifications

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**Long Island Certification IDs**

575 Broad Hollow Rd, Melville, NY 11747  
New York Certification #: 10478 Primary Accrediting Body  
New Jersey Certification #: NY158  
Pennsylvania Certification #: 68-00350  
Connecticut Certification #: PH-0435  
Maryland Certification #: 208  
Rhode Island Certification #: LAO00340  
Massachusetts Certification #: M-NY026  
New Hampshire Certification #: 2987



WO#: 7093872



747

# Sample Request Form PUBLIC WATER SUPPLIER

☒ WELL OFF LINE 4-2 BLOW OFF

Date: 6-17-19

Collected By: W Booth

Accepted By: *[Signature]*

Cooler Temp: 2.3 °C

☐ WELL RUN TO SYSTEM

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

## Client Info:

Name or Code: HAMPTON BAYS WATER DISTRICT  
Address: PO. BOX 1013  
HAMPTON BAYS, NEW YORK 11946  
(631) 728-0179

Phone #: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Proj. # or (Name): \_\_\_\_\_  
Bill To: \_\_\_\_\_  
Copies To: \_\_\_\_\_

Sample Types	Purpose	Origin	Treatment Types
PW - Potable Water	RO - Routine	D - Distribution	AST - Air Stripper
GW - Groundwater	RE - Resample	RW - Raw Well	GAC - Granular Activated Charcoal
SW - Surface Water	S - Special	TW - Treated Well	N - Nitrate Removal Plant
WW - Waste Water		T - Tank	FE - Iron Removal Plant
AQ - Aqueous		MW - Monitoring Well	O - Other
S - Soil		I - Influent	
		E - Effluent	

## Sample Info:

Date/Time Collected:	Sample Type	Location	Origin	Treatment Type	Purpose	Field Readings Cl <sub>2</sub> pH/Temp	Analysis	Lab No.
8:00 6-17-19	GW	WELL 1-1	RW	-	RO		BACT, PFC's, N/N, IRON, MANG	001 6/17/19
8:15 6-17-19	GW	WELL 1-2	RW	-	RO		BACT, PFC's, N/N, IRON, MANG	002
8:30 6-17-19	GW	WELL 1-3	RW	-	RO		BACT, PFC's, N/N, IRON, MANG	003
8:45 6-17-19	GW	BLENDED INF	RW	-	RO		BACT, PFC's, N/N, IRON, MANG	004
9:00 6-17-19	PW	BLOWDOWN EFF	D	-	RO	7.32	BACT, PFC's, N/N, IRON, MANG	005
9:30 6-17-19	GW	WELL 4-2 S/L	RW	-	RO		IRON, MANG	001
9:31 6-17-19	GW	WELL 4-2 1 min	RW	-	RO		IRON, MANG	002
9:25 6-17-19	GW	WELL 4-2 5 min	RW	-	RO		IRON, MANG	003
9:35 6-17-19	GW	WELL 4-2 15 min	RW	-	RO		IRON, MANG	004
10:30 6-17-19	GW	WELL 4-2 1 HR	RW	-	RO		IRON, MANG	005
11:55 6-17-19	GW	WELL 4-2 2 HR	RW	-	RO		IRON, MANG	006 6/17

Remarks:

9:30 6-17-19	GW	WELL 4-1	RW	-	RO		IRON, MANG	007 6/17
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# Sample Condition Upon Receipt

Client Name:

Hampton Bays

Project

WO#: 7093872

PM: SWM Due Date: 06/21/19  
CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☒ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No Seals intact: ☐ Yes ☒ No

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091

Correction Factor: +0.2

Cooler Temperature (°C): 23

Cooler Temperature Corrected (°C): 23

Temp should be above freezing to 6.0°C

USDA Regulated Soil ( ☐ N/A, water sample)

Date and Initials of person examining contents: 6/17/19

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NO

Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

		COMMENTS:
Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12.
-Includes date/time/ID/Analysis Matrix SL WT OIL		
All containers needing preservation have been checked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13. <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot # HC863465		Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO <sub>3</sub> , H <sub>2</sub> SO <sub>4</sub> , HCl, NaOH>9 Sulfide, NaOH>12 Cyanide)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Initial when completed: Lot # of added preservative: Date/Time preservative added
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis		
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #		
Residual chlorine strips Lot #		
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if applicable):		

Client Notification/ Resolution:

Field Data Required? Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: